



Research article

Social action art therapy as an intervention for compassion fatigue



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ABSTRACT

This study evaluated the effectiveness of a social action art therapy session to address symptoms of stress and compassion fatigue in counsellors working in domestic violence (DV) and sexual assault (SA) services. Participants were adult women (N = 30) who work with client survivors of DV and SA. Participants participated in three groups based on their workplace, and were asked to create art for a group peace pole. The peace pole has currency within the DV support community as a symbol of hope and safety. After creating individual artworks, each member glued their canvas squares onto the peace pole to create a unified group piece of art. The Compassion Fatigue Self-Test was used as a measure of compassion fatigue, and the Psychological Stress Measure 9 provided information regarding pre and post measures of symptomology changes. The results supported the hypothesis that participation in a social action art therapy based session could significantly reduce stress.

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1. Introduction

Compassion fatigue, also known as secondary stress or burnout, is a significant mental health concern that can affect those in the helping professions (Figley, Pearlman, & Saakvitne, 1995). Compassion fatigue, originally called burnout in the 1970s, was made an official term by psychologist Herbert Freudenberger. The term was utilized for diagnosing doctors, nurses and caregivers who would invest a great deal of time and energy into their work, at the expense of their own self-care. Symptoms included exhaustion, sleeplessness, and an inability to cope with work. Compassion fatigue symptoms were officially attributed to health care workers, therapists and helping professionals in 1981. Common factors among those affected by compassion fatigue are the pattern of dedicating careers to helping others, while also consistently dealing with potentially traumatic issues (Korczak, Kister, & Huber, 2010). Family, friends and those giving direct care to those suffering from trauma are also at risk to develop compassion fatigue, which results from secondary exposure to trauma (Pearlman & Mac Ian, 1995). In addition, caregivers can develop physiological and emotional symptoms as a result of this exposure. They may experience emotional withdrawal, blunted affect, decreased socialization, apathetic work ethic, decreased sex-

ual drive, fear of the opposite sex, and hyper-sensitivity to loud noises (Sokoloff, 2005).

1.1. Risk for domestic violence and sexual assault workers

Among the groups of helping professionals who may be particularly at risk for developing compassion fatigue are domestic violence (DV) and sexual assault (SA) counselors. Schauben and Fraizer (1995), speculated that this is partially due to DV and SA counselors being underpaid and undertrained and yet engage in work that is primarily focused on helping clients work through and heal from traumatic experiences. This can cause a vulnerability and susceptibility to compassion fatigue. Moreover, DV and SA counselors tend to perform various supportive roles in their work with clients outside of the traditional therapy setting. This may serve to further increase their susceptibility to compassion fatigue. For example, in addition to conducting individual sessions and running groups, they may also answer crisis hotlines, see their clients in the milieu during nontraditional hours, mediate visitation with children, and accompany clients to legal proceedings (Baird & Jenkins, 2003).

Societal and political frameworks that may impact their risk for developing compassion fatigue also affect Domestic Violence and Sexual Assault counselors. In treating clients, counselors often learn how to navigate complex laws concerning issues of gender, domestic violence, rape, and sexual abuse while also being aware of political funding and publicity issues. This adds increased

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pressure and stress to an already difficult job (Garcia-Moreno, 2001). Furthermore, because DV and SA shelters primarily employ female staff to serve their mainly female clients, power dynamics where women are still treated unequally may impact therapeutic services. Thus, the physical rights and safety of women at these shelters will very often affect the well being of counselor and client alike (McCluskey & Gunn, 2015). Recommendations for the treatment of compassion fatigue specific to particular types of helping professionals, such as DV and SA counselors, were not noted in the literature. Instead, recommendations for support and self-care were generalized for what was considered beneficial for helping professionals treating non-specific populations. Suggestions included: therapeutic advice, paid time off, personal counseling, continuing education, and supervision (Pearlman & Mac Ian, 1995). This can further be exhibited in the research of Gam, Kim, and Jeon (2016), where they conducted surveys with art therapist with a minimum of a year of post-graduate experience. The questionnaires were utilized to measure coping strategies, burnout and self-efficacy. In this research it was discovered that art therapists overall, had a high level of self-efficacy and a low level of burnout. It was concluded that this was due to the type of supervision they received which created a sense of achievement and aided in utilizing coping strategies. The implications of this study insinuate that non-art therapist may benefit from some form of art therapy based supervision groups.

1.2. Role of art therapy for compassion fatigue

Pearlman and Saakvitne highlighted the role that expressive art therapies, such as *music, drama, dance, and art therapy*, can play in helping to alleviate symptoms of compassion fatigue. They proposed that combining several expressive art modalities within the context of group therapy could be beneficial in helping therapists to regain a sense of self and belonging, thereby facilitating healing so that they might ultimately become more effective therapists. They stated that therapists could greatly benefit from the particular combination of movement/dance therapy and art therapy as a means for expressing emotions and alleviating symptoms of compassion fatigue. Counselors may have fears or shame in discussing their compassion fatigue verbally. Using the expressive therapies offers a non-verbal means to communicate can reduce the feelings of stress and stigma around this kind of professional sharing. While art therapy has been used as a treatment intervention with individuals of all age ranges and mental health presentations, many authors (Nainis, 2005; Potash, Ho, Chan, Wang, & Cheng, 2014; Salzano, Lindemann, & Tronsky, 2013), have examined its benefits for helping professionals who have experienced compassion fatigue or secondary stress related to their work in different healthcare settings.

Nainis (2005) investigated the use of group art therapy with oncology nurses experiencing symptoms of burnout and compassion fatigue. In this study, 107 nurses participated in an art therapy based retreat, which was provided by the researcher and their hospital of employment. During the retreat, the researcher assisted the nurses in creating quilt squares, after which informal interviews and discussion among participants and researchers were conducted. Many of the nurses self-reported that they enjoyed the process and felt that their stress levels had been reduced. In addition, several participants indicated that being part of a group of individuals with similar experiences and feelings helped to decrease feelings of loneliness. After the retreat, the researcher used squares to create themed quilts that were then displayed during a month long exhibition in the hospital. Given the larger sample size, it is unfortunate that Nainis did not utilize more rigorous, empirical methods to determine the actual effectiveness of the intervention. Thus, further quantitative research is clearly needed to support the premise that group art therapy can be an effective

means of reducing the symptoms associated with compassion fatigue.

Building on Nainis' (2005) work, Salzano et al. (2013), conducted research with Hospice caregivers ($N=20$). Collaborative art making was used to see if it would impact compassion fatigue and stress. The Maslach Burnout Inventory was used as the quantitative measure to determine that a collaborative art-making task could effectively reduce burnout and increase perceived social support among the caregivers. Participants took part in a two-session experimental study by meeting as a group without art making and then, one month later, Salzano led an art-making condition. Participants in the art-making group crafted a quilt. The results showed that using a collaborative art intervention overall decreased burnout scores. The study also showed that a large increase in perceived social supports correlated with a decrease in burnout. This work can be further supported by the work of Yalom (2005), whose work has covered group theory and practice. In his work we see the importance of group work in creating a sense of belonging, understanding and support. Part of his work also addresses the importance of supervision and the role supervisor's play in the success of group work.

In addition to this work Potash et al. (2014), performed a quasi-experimental study looking at whether art therapy based supervision can reduce death anxiety and burnout in end-of-life care workers in Hong Kong. The researchers had a total of 132 participants engage in either a 6-week art therapy supervision group or a 3-day art therapy supervision group. They conducted research through a pre-post design using the Maslach Burnout Inventory-General Survey, the Five Facet Mindfulness Questionnaire, and the Death Attitude Profile-Revised. The results concluded that there was significant increase in emotional awareness and a reduction in exhaustion as a direct result of art therapy based supervision. The authors concluded that art therapy supervision could aid in meaning making, help in emotional awareness and self-regulation. This study supports the idea that art therapy, when utilized appropriately, has the ability to aid in alleviating symptoms of burnout.

1.3. Social action art therapy

The central concept that art therapy can be used as a healing agent seems to dovetail with contemporary social action theory and practice as it applies to those in mental health systems, particularly within the field of art therapy, especially group work. The goals of social action art therapy are similar to the goals of interactive theme-based groups. Social action art therapy uses traditional art therapy techniques in conjunction with social activism. The ideals of social action art therapy are expressed through art-based socio-political movements, which intended to aid in healing (Kaplan, 2001). Along with the mission to bring about social change, social action art therapy is also used to aid in healing trauma both in the individual and society at large. This process requires an awareness and attention to the social and political framework in which counselors and clients both function (Junge, Alvarez, Kellogg, & Volker, 2003). This social and political framework can be seen visually through the art and meaning making can be connected to the power and versatility found in images and art making. Art therapists can support clients to use imagery in a way that expresses their individual views within the larger societal context. In doing this they have facilitated the client's ability to look at their place in society and how their psyche reacts to that position (Junge et al., 2003).

The ideals of social action art therapy are expressed through several art-based socio-political movements (Lyonsmith, Molitar, & Talwar 2014) intended to bring about the primary goals of change and healing. For example, Lyonsmith et al. (2014), created a social action art therapy based movement called the Wandering Uterus

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